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PTO/SB/83 (11-96)
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/751,609
Filing Date	
First Named Inventor	TRAYLOR, Marc
Group Art Unit	
Examiner Name	
Attorney Docket Number	D-6904

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

As I approach my 70th birthday, I am shutting
down my practice in preparation for retirement.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS	
<input type="checkbox"/> Customer Number	<input type="text"/>
OR	
<input type="checkbox"/> Firm or Individual Name	Marc Traylor
Address	
Address	
City	Los Alamos
State	CA
ZIP	93440
Country	U.S.A.
Telephone	
Fax	

This request is enclosed in triplicate.

Name	Daniel C. McKown	Reg. No.	26,953
Signature	Daniel C McKown		
Date	2 Jan 2001		

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time
period for response or possible extension period, the request to withdraw is normally disapproved.